



**APPLICATION FOR THE KENTUCKY  
THOROUGHBRED BREEDERS' INCENTIVE FUND**  
(For the 2006 breeding season)

**KENTUCKY HORSE RACING AUTHORITY**  
4063 Iron Works Parkway, Building B, Lexington, KY 40511 Phone: 859-246-2040 Fax: 859-246-2039  
[www.khra.ky.gov](http://www.khra.ky.gov)

All applications must be complete and accompanied by the appropriate fee made payable to the  
**Kentucky Horse Racing Authority (KHRA)** or they will be returned. Please print clearly.

**BREEDER INFORMATION:**

(Owner)—(Print the name of the intended breeder of record as it will be reported to the Jockey Club) If multiple owners, partnership, corporation, etc. list according to the intended Jockey Club filings and use the managing owner's contact information below. Be sure to clearly identify the managing owner or entity name above.

\_\_\_\_\_  
(Street) (City) (State) (Zip)  
\_\_\_\_\_  
(Phone Number) (Fax Number) (E-Mail Address)

**BOARDING FARM INFORMATION (Mare must maintain residence in Kentucky to qualify)**

\_\_\_\_\_  
(Name of Farm) (Farm Owner / Manager)  
\_\_\_\_\_  
(Street) (City) (State) (Zip)  
\_\_\_\_\_  
(Phone Number) (Fax Number) (E-Mail Address)

NAME OF MARE	MARE'S YEAR OF BIRTH	DAM SIRE	COVERING SIRE	DATE OF 1 <sup>ST</sup> COVER

**\*\*Use attachment if multiple mares are being registered for the same breeder with the same boarding farm details**

**AFFIDAVIT OF REGISTRATION INFORMATION BY BREEDER OR THEIR AUTHORIZED AGENT.** I hereby certify that: each foal when delivered will meet the requirements set forth in Section 5 of 810 KAR 1:070 to be a Registered KBIF foal; the information on this form is correct and I understand that if the information on the form changes and the form is no longer correct I am required to amend the form within thirty (30) days after the information changes (other than a change of the mare's address within Kentucky); I assume full responsibility for the registration of the horse(s) as a KBIF registered horse(s) and agree that if the horse(s) is later proved to be ineligible due to false or misleading information provided in this form that: (1) the registration of the foal may be denied, suspended or revoked; (2) I may be forever barred from registering foals for the KBIF; and (3) I may be subject to civil and criminal penalties under the laws of the Commonwealth of the Kentucky for providing fraudulent information. Furthermore, I agree to promptly provide any additional information to the official registrar upon request to confirm information submitted with this registration, or registration may be denied, suspended or revoked. If this registration is being submitted by an agent for the breeder, then said agent certifies that he has filed an Authorized Agent form permitting him full authority to act on the breeder's behalf in this matter. If submitted by an agent, then the agent, as well as the breeder, may be subject to the above penalties.

\_\_\_\_\_  
QUALIFIED BREEDER OR AUTHORIZED AGENT (print name) (signature)  
**If by agent, Authorized Agent Form must be on file with the KHRA**

**Registration Deadline and Fees:**

1. Registration must be made by **August 1 of the breeding year** accompanied by a filing fee of **\$60.00** made payable to the **Kentucky Horse Racing Authority**.
2. A discounted registration fee for **2006 only** may be paid if the filing is made within forty five (45) days of the first cover of the mare. The discounted fee is \$30.00.

**Eligibility for KTBIF Program:**

1. Registration must be completed as provided above, including the payment of filing fees.
2. The mare must have resided in Kentucky from the time of first cover in Kentucky by a Kentucky Sire until foaling unless certain limited exceptions are met for a mare (a) with a medical condition or (b) which has not yet delivered her first foal and is in active training. Permission for the mare to leave Kentucky under either of those exceptions must be granted by the Executive Director of the KHRA within fourteen (14) days after the mare leaves Kentucky.

**MULTIPLE MARE ATTACHMENT SHEET**

(all contact and detail information must be the same as application attached or form will be rejected)

**BREEDER INFORMATION:**

(Owner)—(Print the name of the intended breeder of record as it will be reported to the Jockey Club) If multiple owners, partnership, corporation, etc. list according to the intended Jockey Club filings and use the managing owner's contact information below. Be sure to clearly identify the managing owner or entity name above.

**BOARDING FARM INFORMATION****(Mare must maintain residence in Kentucky to qualify)**

(Name of Farm)

(Farm Owner / Manager)

NAME OF MARE	MARE'S YEAR OF BIRTH	DAM SIRE	COVERING SIRE	DATE OF 1 <sup>st</sup> COVER

**AFFIDAVIT OF REGISTRATION INFORMATION BY BREEDER OR THEIR AUTHORIZED AGENT.** I hereby certify that: each foal when delivered will meet the requirements set forth in Section 5 of 810 KAR 1:070 to be a Registered KBIF foal; the information on this form is correct and I understand that if the information on the form changes and the form is no longer correct I am required to amend the form within thirty (30) days after the information changes (other than a change of the mare's address within Kentucky); I assume full responsibility for the registration of the horse(s) as a KBIF registered horse(s) and agree that if the horse(s) is later proved to be ineligible due to false or misleading information provided in this form that: (1) the registration of the foal may be denied, suspended or revoked; (2) I may be forever barred from registering foals for the KBIF; and (3) I may be subject to civil and criminal penalties under the laws of the Commonwealth of the Kentucky for providing fraudulent information. Furthermore, I agree to promptly provide any additional information to the official registrar upon request to confirm information submitted with this registration, or registration may be denied, suspended or revoked. If this registration is being submitted by an agent for the breeder, then said agent certifies that he has filed an Authorized Agent form permitting him full authority to act on the breeder's behalf in this matter. If submitted by an agent, then the agent, as well as the breeder, may be subject to the above penalties.

\_\_\_\_\_  
QUALIFIED BREEDER OR AUTHORIZED AGENT (print name)\_\_\_\_\_  
(signature)

**If by agent, Authorized Agent Form must be on file with the KHRA**  
**For Official Use Only**

Received by: \_\_\_\_\_ (KHRA Staff)

\_\_\_\_\_  
(Name of foal supplied by The Jockey Club)

Date: \_\_\_\_\_ Time: \_\_\_\_\_

\_\_\_\_\_  
(Registration Number of foal supplied by The Jockey Club)